Jan. 10. 2019 11:58AM Revised 00:00

Signature

STATE OF IOWA

No. 5456 1/2

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A DES MOINES, IA 50319 Fax; (515)281-4073 www.iowa.gov/ethics



lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

FORM-GE	
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Gift or Bequest information received
by a department or accepted by the
Governor on behalf of the state

Governor on penalt of the sta	ate
For office use only	<u>.</u>
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DEPARTMENT	OR OFFICE	RECEIVING T	HE GIFT OR	REQUEST!
DEFAULUATION	JIX (JI I I I I C E	IXECTIAINS I	13L OH ON	

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUES	ST:
IA Department of Human Rights	
Name of Department or Office 321 B 12th Street Do	es Moinos, IA 50319
Mailing Address C	ity, State, Zip Code
sis-281-3274 Area Code & Telephone No.	
CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFIC	CE:
Kimberly Checks	
Name	2 0000y
Mailing Address (if different from above) kin.chceks@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)
DONOR OF GIFT OR BEQUEST:	·
David L & Alicia P Claypool	
Name	
2840 Druid Hill Dr Des Moines IA 50315	December 30, 2018 \$150.00
Malling Address City, State, Zip Code	
515-440-0773	Date of Gift or Bequest Amount/Value*
Area Code & Telephone Number	*value is defined as "fair market value" of item as determined by
apclaypool@aol.com Emeil Address (optional)	receiving department or office. If no value mark "0.00".
Critis Address (optional)	
Provide a description of the gift or bequest and purpose thereof: Donation - 2019 MLK Event - "I Have a Dream" to 1	oe held in DSM 1/19/19
Criteria to use this form:	
Receipt of any gift or bequest that is received by any department of the	state or received by the Governor on behalf of the state.
Statement of Affirmation:	
	ve is accurate. I further affirm that the information concerning the donor and a best of my knowledge.
Kim Chuks / sa	January 11, 2019
Signature /	Date